V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23907

FILED SEP 13 1943

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 127

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Nodoway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St.Francis Hospt
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Atchison 3
(c) City or town Tarkio - Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bartley BARTLETT L.CLARK
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced mar
6. (b) Name of husband or wife Laura Alice Clark
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased June (Month) 2 (Day) 1869 (Year)

8. AGE: Years 74 Months 2 Days 8 If less than one day hr. min.

9. Birthplace (City, town, or county) No Carolina (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Thos J.Clark
13. Birthplace (City, town, or county) unknown (State or foreign country) 9
MOTHER
14. Maiden name Mary Jane Thomas
15. Birthplace (City, town, or county) unknown (State or foreign country) 9
16. (a) Informant Ray Clark
(b) Address Tarkio,Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug 13.1943 (Month) (Day) (Year)
(c) Place: burial or cremation Tarkio Home Cemetery
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio,Mo.
19. (a) August 12-43 (Date received local registrar) (b) Amy Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 1943
year hour 1:30 minute P M.
21. I hereby certify that I attended the deceased from June 21 1943 to Aug 10 1943
that I last saw him alive on Aug. 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Starvation and Toxaemia from a Carcinoma of the Pylorus
Due to
Due to
Other conditions Hypertension Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address Maryville,Mo. Date signed 8/10/43

1349

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Jas. M. Davis.....

Licensed Embalmer No.....2394.....

P. O. Address.....Tarkio, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.